



INDIANA DEPARTMENT OF CHILD SERVICES  
CHILD WELFARE MANUAL

**Form Name:** Voluntary Services  
Application and Service Agreement

**Effective Date:** July 1, 2006

**Reference:** Chapter 11

**Version:** 1

**Date:** \_\_\_\_\_

**Application effective date:** \_\_\_\_\_

**County of wardship:** DCS \_\_\_\_\_ **Probation** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Referred to (contracted agency):** \_\_\_\_\_

☐ **IL Case Management** (youth was in out-of-home placement for at least 6 months after the age of 16 and had a case plan in ICWIS) **Youth who turn 18 in foster care are eligible regardless of the length of time in care as long as they have a case plan.**

☐ **Room & Board** (youth turned 18 in out-of-home placement other than juvenile detention or correctional facility and had a case plan in ICWIS)

**ATTENTION DCS STAFF** (Eligibility is identified with the available services above):

**I have verified that this youth meets the eligibility criteria for the service requested based on information in ICWIS:**

\_\_\_\_\_  
DCS Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCS Representative Name Printed

\_\_\_\_\_  
Phone

**PART I**

**Section A**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **ICWIS Case ID** \_\_\_\_\_

**Gender:** ☐ Female ☐ Male

**Race:** ☐ White, Not Hispanic ☐ Hispanic ☐ Black, Not Hispanic ☐ Other  
☐ Asian/Pacific Islander ☐ American Indian/Alaskan ☐ Bi-Racial, Not Hispanic

**Maiden Name (If Applicable)** \_\_\_\_\_

**Address** \_\_\_\_\_

**County of Residence** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-mail Address (must be included if available)** \_\_\_\_\_

**Section B**

**DCS FCM or Probation Officer at case dismissal** \_\_\_\_\_

**End date of last placement** \_\_\_\_\_ **Wardship Termination Date** \_\_\_\_\_

1. What was your living situation on his/her 18<sup>th</sup> birthday? ☐ Foster Home ☐ Group Home  
☐ Shelter ☐ Residential Treatment Center ☐ Department of Corrections/Detention  
☐ Trial Home Visit ☐ Reunified with parents ☐ Homeless ☐ Runaway  
☐ Other \_\_\_\_\_
2. Do you currently have resources with a combined value of more than \$10,000? ☐ Yes ☐ No

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### Section C

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1. Current Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
2. Number of Children 0 1 2 3 Currently Pregnant or father of unborn child? ☐ Yes ☐ No  
How many of these children are living with you? \_\_\_\_\_  
Living situation of other children: \_\_\_\_\_
3. Current living arrangements (ex. with relative, roommate, etc.) \_\_\_\_\_
4. Level of Education Completed 9 10 11 12 12+ GED
5. Are you currently enrolled in an educational program? ☐ Yes ☐ No  
If yes, where? \_\_\_\_\_
6. Are you currently employed? ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Not employed  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Date Started \_\_\_\_\_  
Current Salary or Wage/hr \$ \_\_\_\_\_  
Do you have current medical coverage? ☐ Yes ☐ No Have you applied for Medicaid? ☐ Yes ☐ No  
If yes, name of insurance provider: \_\_\_\_\_  
What other services are currently being provided to you? \_\_\_\_\_

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### Section D

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List four adults and their contact information who would always know how to locate you:

1. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email address \_\_\_\_\_
2. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email address \_\_\_\_\_
3. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email address \_\_\_\_\_
4. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email address \_\_\_\_\_

# VOLUNTARY SERVICES AGREEMENT

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## PART II

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The terms of this agreement include:

1. Completion of the Ansell Casey Life Skills Assessment (ACLSA) at intake and every six months thereafter.
2. Participation in the development of my Independent Living Plan based on identified needs of the ACLSA.
3. Emancipation goods and services funding based on need and available funding.
4. Room and board funds for eligible youth will only be provided when participation in case management services is consistent. Sporadic and inconsistent participation in case management services may cause room and board assistance to be discontinued.
5. Participation in completion of a Chafee Assessment after 6 months of services and at case closure.
6. Participation in completion of a post-discharge summary at case closure.

I agree to be active in the Independent Living program including establishing and accepting responsibility for my Independent Living goals.

I understand that this agreement will be terminated if I do not follow through as agreed. I understand that either the DCS or I may terminate this voluntary agreement by a ten-day notice in writing. If this agreement is terminated, I understand that I have a 90-day period within which to renegotiate this agreement under terms that are mutual between my Chafee Independent Living (IL) service provider and myself. I also understand that I have the right to request a meeting with my Chafee IL service provider and the State IL Coordinator to discuss any decision to terminate under the terms of my agreement.

I understand that the DCS and/or the Chafee IL service provider will not be financially responsible for damages that I am responsible for nor will the DCS provide legal counsel for me if I am involved in a legal situation. I understand that the DCS and/or the IL service provider will not be financially responsible for any contracts that I enter into.

I hereby authorize the Independent Living service provider to release all information regarding my Independent Living goals and progress to the Department of Child Services.

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Youth's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Youth's name printed: \_\_\_\_\_

Contracted IL Service Provider: \_\_\_\_\_